

Quick Facts

About...Histoplasmosis

What is histoplasmosis?

Histoplasmosis (histo) is a disease caused by the fungus *Histoplasma capsulatum*. The disease primarily affects the lungs, but may affect other organs as well. The disease may occur in several forms. The most common form is asymptomatic (individuals exhibit no symptoms even though infected). Some individuals develop an acute flu-like illness and very few will develop a chronic illness from histo.

How is histoplasmosis spread?

Histo is a fungus that lives in soil, especially moist soil that has been enriched with organic materials such as wild bird droppings or poultry house litter. Histo does not infect birds nor is it found in their droppings, but it may be found in bat droppings. When large accumulations are present for several years, bird and bat droppings do provide conditions that allow histo to multiply. Histo is found throughout the world, including the United States, and especially the Ohio River valley. Humans get the disease by breathing in the *Histoplasma capsulatum* spores. These spores become airborne from sites where histo contaminates the ground. Sites such as excavation projects near old bird roosts, remodeling or cleaning old buildings were birds or bats have roosted, or cleaning poultry houses which haven't been cleaned for years, pose risk of infection. Sometimes the spores can be carried for long distances by winds and the actual source of the spores is not known.

Who is at risk for histoplasmosis?

Anyone can get histoplasmosis, even people who are otherwise healthy. However, infants, young children, and older people, particularly those with chronic lung disease, are at increased risk for developing severe disease. Disseminated disease is most frequent in people who have weakened immune systems, such as people with cancer or HIV/AIDS. Individuals who are going to clean up potentially histo

contaminated sites should consult the National Institute for Occupational Safety and Health (NIOSH) and the National Center for Infectious Diseases (NCID) booklet, *Histoplasmosis: Protecting Workers at Risk*. The NIOSH Internet home page, www.cdc.gov/niosh/homepage.html provides information on how to obtain a copy.

How do I know if I have histoplasmosis?

Physicians use cultures, chest x-rays, blood tests, and a urine test to diagnose the disease in symptomatic patients.

What are the symptoms of histoplasmosis?

Most people have no symptoms. Those who do have symptoms generally have a mild illness with fever, cough, chest pain, and fatigue. More severe illness may result in pneumonia, enlargement of lymph nodes, joint pain, muscle pain, and painful red lumps on the arms and legs. Very few patients may develop chronic histo with more severe symptoms and may have productive cough, chest pain, weight loss, night sweats and fatigue. Patients with impaired immune systems are at greater risk for disseminated histo, a severe form of the disease. This form of the disease can affect the bone marrow, internal organs, and even the brain. The incubation time (time from exposure to symptoms appear) may vary from 3 to 17 days, with around 10 days being the average.

How is histoplasmosis treated?

Most people do not require any treatment. For those more severely ill physicians may prescribe anti-fungal drugs.

How is histoplasmosis prevented?

Regular cleaning of poultry housing or cleaning up of bird dropping will prevent the accumulation of droppings sufficient to provide the environment for histo growth. The ground under known bird roost should not be disturbed unless the ground can be kept moist to prevent dusty conditions. Workers who are cleaning up accumulations of bird droppings should wear a tight fitting mask and keep the droppings wet to prevent dusty conditions.

All information presented is intended for public use. For more information, please refer to the Centers for Diseases and Control Prevention (CDC) Web site: http://www.cdc.gov/nczved/divisions/dfbmd/diseases/histoplasmosis/

ISDH Indiana Infectious Disease Report: http://www.in.gov/isdh/20667.htm

This page was last reviewed on June 22, 2012